

(Rev. 5/05)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) George F. Fitzgerald Carver
(Name of Plaintiff) (Inmate Number)

Sussex Correctional Institution
PO Box 500 (Complete Address with zip code) Georgetown DE 19947

(2) George F. Fitzgerald
(Name of Plaintiff) (Inmate Number)

Carver
(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) South Vop Building Center Georgetown DE
(2) MICHAEL COSTELLO Lieutenant 19947
(3) South Vop in Sussex County Georgetown DE
(Names of Defendants) 19947

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

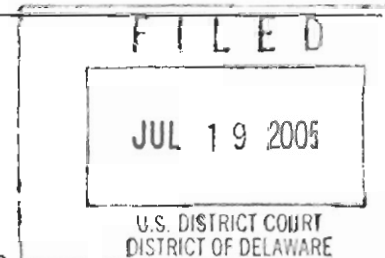
I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

- 05 - 503
(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

☒ Jury Trial Requested



By mail NOLEP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No *error*
- B. Have you ~~fully~~ exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No *Yes*
- C. If your answer to "B" is Yes:
1. What steps did you take? grievance
turn it down
 2. What was the result? turn it down
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Vop Center
Employed as _____ at _____
Mailing address with zip code: Route 6 Box 700
Georgetown Del 19949
- (2) Name of second defendant: MICHAEL COSTELLO Lieutenant
Employed as Vop Center at South Vop
Mailing address with zip code: Route 6 Box 700
Georgetown De 19947
- (3) Name of third defendant: _____
Employed as _____ at _____
Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Was severely injured Blood chest Right leg
AND I SHOULD BEEN ⁱⁿ Hospital now getting surgery done
BUT THE STATE VALID MY BECAUSE I DID NOT REPORT BUT
I DID GO TO PROBATION WHEN I GOT OUT JAN 9 2005

2.

3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WANT TO DEST THE SOUTH VOP BUILDING DOWN FOR GOOD
ON THE CAUSE OF MY AFRICAN AMERICAN BROTHER AND MY
AFRICAN AMERICAN SISTER. SO THE WHITE CAN NOT
BE IN SELF CONTROL. MY WIFE.

NO FURTHER QUESTIONS

3

SUFFERING FOR PAIN AND SUFFERING AND HEADACHE.
25000.00+00. LOST WAGES. IN LIVING COST.

SOUTH VOP BUILDING IN SUSSEX COUNTY. GEORGETOWN, DEL 19674

I/M: Quanto Court Bldg: msb
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500 18087
GEORGETOWN, DELAWARE 19947

JANE COPY

1735 U.S. POSTAGE P82230370
7965 \$00.370 JUL 15 05
1820 FROM ZIP CODE 19947

Judge Gregory Sleet

CLERK OF THE STATE DISTRICT COURT

844 N King Street Room 18

Wilmington DE 19801

19801+3519 12

